### 

Participant must provide all of the information below in English:
1. Participant's contact information, including email address, and that of its counsel; if any:
Participant's Name:  Mariceli Rodn'guez Marin  Vrb Las Delicias 551 Alejardro Ordnez Proposition of the Control
Participant's Address: Vrb. Las Delicias 551 Alejandro Ordines the
Participant's Email Address: cherly ann Chotmail-com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 58454
Nature of Claim: Sistema de Retiro de los Empleades de Gobierno  del Estado Libre Asociado de P.R.  By:
Mariel Rodrigues llam Print Name
Title (if Participant is not an individual)
August 13, 2021

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San Juan, P. R. 00918-1767

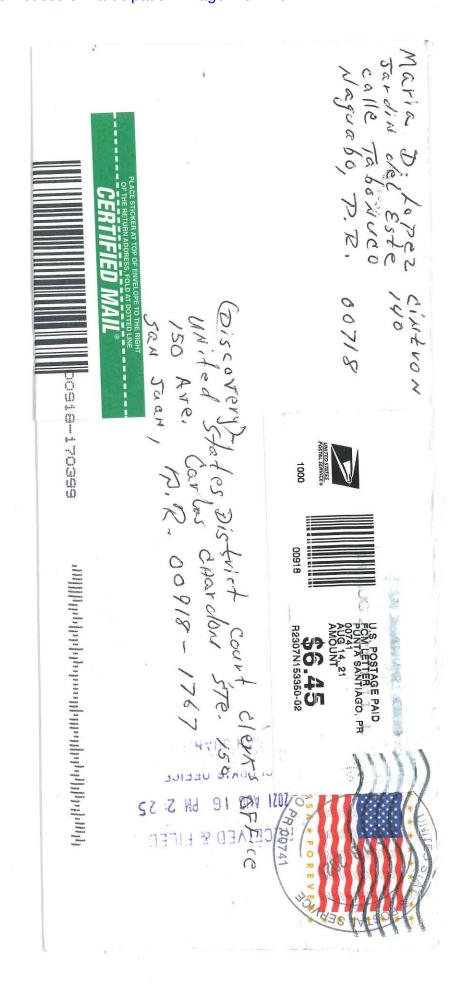
United States District Court

Case:17 Pagicipant must provide all of the information below in English:

Pro se Notices of Participation Page 3 of 119

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Maria D. Lapez Cintron		- 0	D.
Participant's Address:	Jardin del este 140 Calle Tabonisco, N	a Guab	000	7/8
Participant's Email Address:	dolylopez 68@ Gnail.com	550	2071	REC
Name of Counsel:		200 A	BUA	RECEIVE
Address of Counsel:		\$6°	50	§ (13)
Email Address of Counsel:		<u> </u>	<b>☆</b>	111
2. Participant's	Claim number and the nature of Participant's Claim:		25	
Claim Number:	17 BK 3283-2TS		_	
Nature of Claim:	17 BK 3283-LTS retivement		_	
By: Maria D. Log Signature	og faran			
Maria D. Lige Print Name	ez Cintron			
Title (if Participant i				
August 13	2021			



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Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Zuida Ivell 55% Con Maldona
Participant's Address: P. O. Box 7252 Caguas PR00726
Participant's Email Address: 2019 @ Caguas. gov.pr & Jame of Counsel: Zai da co lor @ hotmail.com
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 B L 3 2 8 3 - L S
1 Nature of Claim: Promes a Title III, Employee Retrement System.
John By Zaida Irelisse Cobn Haldonado To be clear ble to
Zaida T. Signature Zaida T. Saida Carult access the Plan Depositor Colon Print Name and serve discovery
Colon Print Name and serve discovery
Title (if Participant is not an individual)
August 14, 2021 Date

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Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc Pro se Notices of Participation Page 7 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:			2001 VE
Participant's Name:	Yadira Helendez	Reyes M	AUG G A
Participant's Address:	BR-06 BON 7281	Toa Alta . P. R.	009530 142
Participant's Email Address:	yavamel 23 @gm	ail.com	104 K 606
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:	and There is start and the Property	popular in the second of the second of the second	
2. Participant's C	Claim number and the natur	e of Participant's Cla	aim:
Claim Number:	No. 17 BK 3283 -	LTS	
Nature of Claim:	Promesa Title	111	
By: Sillo.	12	*	
Signature Vadira Helend	Lez Reves		
Print Name	300 1(0900		
Title (if Participant is	not an individual)		
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Case:17 10372633 and Tours Description of the information below in English 7/21 16:42:12 Desc: Pro se Notices of Participation Page 9 of 119 Participant's contact information, including email address, and that of its counsel,

if any: Raul E. Sonchez Santia Go Participant's Name: Apartado 281 PUNTO SONTIA GO P.B. 00741 Participant's Address: Participant's Email Address: Jugraacter pra Grail con Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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Pro se Notices of Participation Page 11 of 119
Participant's contact information, including email address, and that of its counsel, José A. Gomez Bivera Participant's Name: Calle: Luis Llorens Torres #21 Las fiedras P.R. 00771. Participant's Address: Participant's Email Address: el sibarito 400 hot mail. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 173K 3283-LTS Claim Number: vetive ment Nature of Claim: PBA

Title (if Participant is not an individual)

Case:17 Pagicipant Stust provide all of the information below in English:

Case:17 Pagicipant Stust provide all of the information below in English:

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Calle: Luis Llorens Torres #21 has Piedras f.R. 00771. Jose Gomez Rivera





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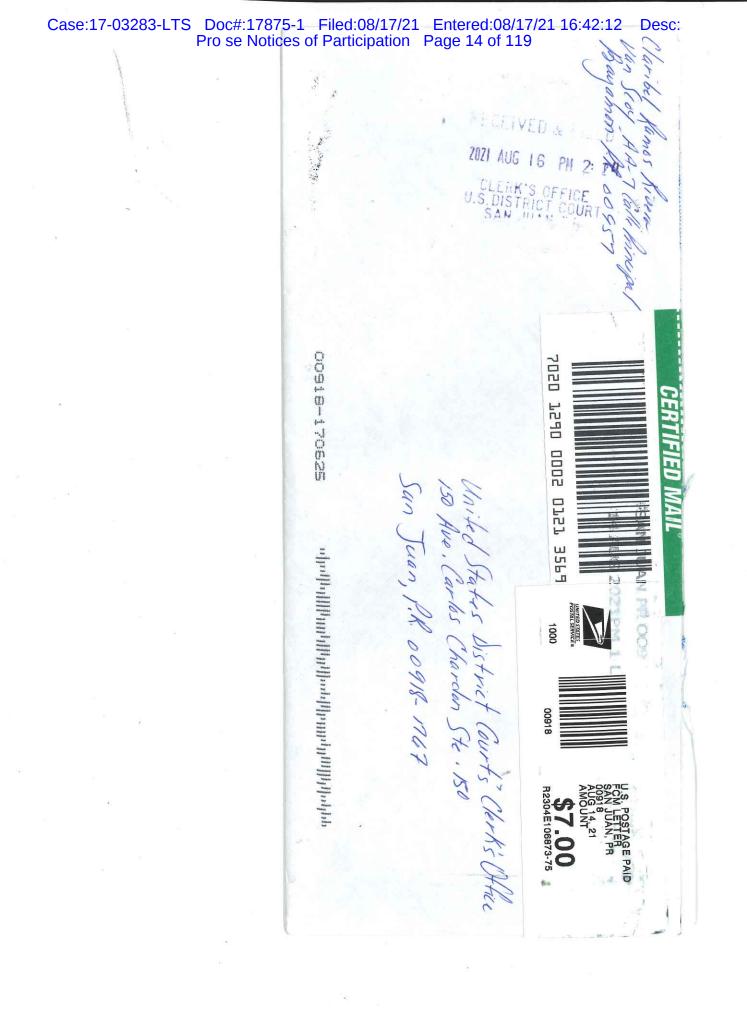
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# Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 13 of 119

Participant must provide all of the information below in English:
Participant must provide all of the information below in English:  1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Claribel Ramos River
Participant's Address: Van Scoy AA-7 Calle Principal Bayamon PRO09
Participant's Email Address: Nueria 1824 Qqmail .com
Name of Counsel: Employee Retirement System of the Government
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 28879
Nature of Claim: Employee Refirement System of the Government
By: Claub Kany Karas
Claribel Ramos Rivera Print Name
Title (if Participant is not an individual)
August, 14, 2021 Date



Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Pro se Notices of Participation Page 15 of 119

Participant must provide all of the information below in English:

1. Participant's o	ontact information, including email address, and that of its counsel,
if any:	11 110 0 110
Participant's Name:	Maria del Carmen Donilla UCasio
Participant's Address:	Urb. Cibuco Calle 6 C-30 Corozal, PROOTS
Participant's Email Address:	mbocacio 39@yahoo.com
Name of Counsel:	
Address of Counsel:	SAPST BUILDING
Email Address of Counsel:	
2. Participant's	Claim number and the nature of Participant's Claim:
Claim Number:	78329
Nature of Claim:	
By:	
Signature  Masia dal Carre	ven Bonilla Coasio
Print Name	
6	
Title (if Participant i	s not an individual)
13 de aape	sto de 2021
Date	



Pro se Notices of Participation Page 17 of 119 Participant must provide all of the information below in English: Participant's contact information, including email address, and that of its counsel, 1. if any: Participant's Name: Participant's Address: Participant's Email Address: CO Name of Counsel: Address of Counsel: Email Address of Counsel: primederk . com Participant's Claim number and the nature of Participant's Claim: 2. By: Signature

Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12

8-11-2021 Date

Title (if Participant is not an individual)

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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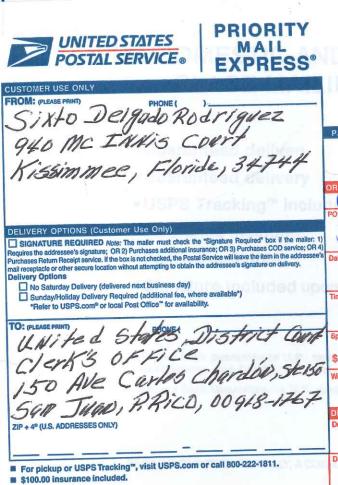
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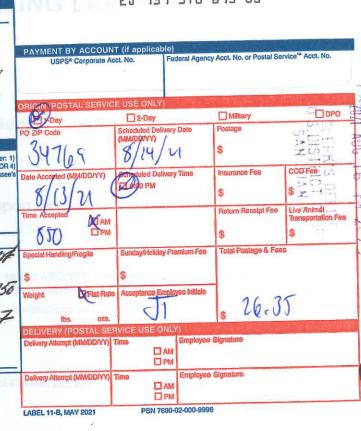
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Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc Pro se Notices of Participation Page 19 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name:  Participant's Address:  Participant's Email Address:  Participant's Email Address:  Name of Counsel:  Address of Counsel:  Dennin D. Bauer  Address of Counsel:  Dennin Runny Runny Pure Suit W Sanfun R 10918-1.  Email Address of Counsel:  Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  Print Name  Title (if Participant is not an individual)  Del 11   201    Date	if any:
Participant's Email Address:  Name of Counsel:  Address of Counsel:  Des Munis Rucer free Suct the Sarfue M. 1998-1.  Email Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  By:  Signature  Ibnher J. Rumus Prof.  Print Name  Title (if Participant is not an individual)  08/11/201	articipant's Name: Ibrahim J. Rumos Pomales
Name of Counsel:  Address of Counsel:  Denning Rucer five Sunt 160 San fun 18 (10918-1).  Email Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  By:  Signature  Inches Print Name  Title (if Participant is not an individual)  08/11/201	articipant's Address: 3224 Lorinar 3+ Child Fl 34772
Name of Counsel:  Address of Counsel:  Denning Rucer five Sunt 160 San fun 18 (10918-1).  Email Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  By:  Signature  Inches Print Name  Title (if Participant is not an individual)  08/11/201	articipant's Email Address: ramospui 650 g muil eon
Email Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  By:  Signature  Indian J Rumus Part  Print Name  Title (if Participant is not an individual)  08/11/202	1/2 Barrier
Email Address of Counsel:  2. Participant's Claim number and the nature of Participant's Claim:  Claim Number:  Nature of Claim:  By:  Signature  Indian J Rumus Part  Print Name  Title (if Participant is not an individual)  08/11/202	ddress of Counsel: 250 Ming Rucer Ave Suit How San Jun AR 1091
Claim Number:  Nature of Claim: brokenest Systement Systement of the Conserment of the By:  By: Signature  Thule of Rumes Park  Print Name  Title (if Participant is not an individual)  08/11/201	
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By: Signature  The I Rumus Park  Print Name  Title (if Participant is not an individual)  08/11/201	laim Number:
By: Signature  The I Rumus Park  Print Name  Title (if Participant is not an individual)  08/11/201	ature of Claim: Employee Deprenent System of the Consumert of the
Signature  Thuken J Rumus Pass  Print Name  Title (if Participant is not an individual)  08/11/201	St Brown well of PN
Print Name  Title (if Participant is not an individual)  08/11/201	Signature and all and the state and
Title (if Participant is not an individual)	
Title (if Participant is not an individual)  08/11/201	Print Name
	Title (if Participant is not an individual)
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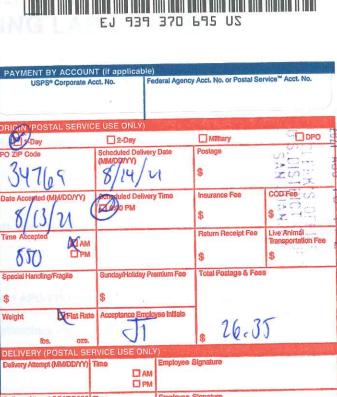


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### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Pro se Notices of Participation Page 21 of 119

Participant must provide all of the information below in English:

1.

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Participant's contact information, including email address, and that of its counsel, if any: Aide L. Ramirez Squ Participant's Name: 940 Mc IAKIS Court, Kissimme, Florida Participant's Address: Participant's Email Address: ramos por une gmail. em Her man D. Baner Name of Counsel: 250 MINOZ Rivera AVE. Suit 800, Si Address of Counsel: Email Address of Counsel: Parto rico into a frime dark, com Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual) Date 8/12/2021

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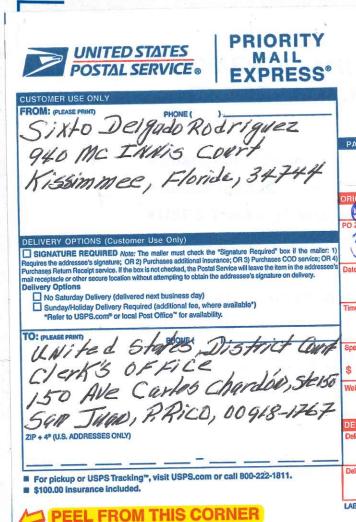
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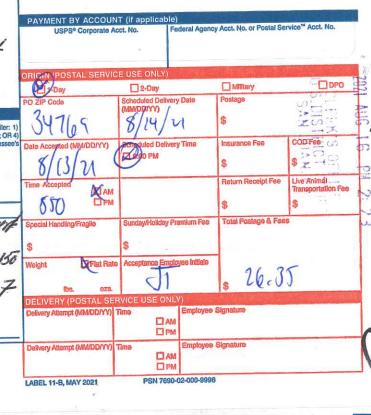
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### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc Pro se Notices of Participation Page 23 of 119

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any: Sixto Delga do Kamirez Participant's Name: 940 Mc INNIS Court, Kissimmee Participant's Address: Participant's Email Address: Name of Counsel: Hermun D. Bayer 250 MUTOZ RIVERA AVE, Suit 800, SON JUGA, Address of Counsel: Email Address of Counsel: Puerforice INFO & Prime derk, com Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: venent Syphu of the foverment of the lemnonwealth of P.K Nature of Claim: Date

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# Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 25 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: José Figueroa Medina  Participant's Address: 352 CALLE DEL PARQUE
Participant's Address: 352 CALLE DEL PARQUE
Participant's Email Address: APT 401 SAN JUAN, PR 00912
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17-BK-3283-LTS
Nature of Claim: Intention to Participate in Discovery  By: Asignature  Wignature  Wignature  Medina
Print Name
Title (if Participant is not an individual)  Date  Date

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## Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 27 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Luz Eneida De Jesús Santiago  Participant's Address: P.O. Box 699- Coano, Puerto Rico 00769
Participant's Address: P.O. Box 699- Coamo, Puerto Rico 00769
Participant's Email Address: luzencida 1225 @ gmail. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: <u>/ 70283</u>
Nature of Claim: Ley fromesa (Romerazo y 40 aumento - Pension
By: Lu ineila de Cases Santings
Signature
Luz Eneida De Jesus Santiago Print Name
Parficipant 200
Title (if Participant is not an individual)
august 13, 2021
Date



# Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 29 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

	if any:	
Particij	int's Name: Gretchen M Canacho Caberudo	00
Partici	ent's Address: Ub Villa del Carmen E4 calle 4 Gurabo	ILL
Partici	ent's Email Address: Jesus an ccoyahoo. com	
Name	Counsel:	84
Addres	of Counsel:	
Email .	ddress of Counsel:	
	Participant's Claim number and the nature of Participant's Claim:	
Claim	umber:  AGOIG	
Nature	f Claim: Retirement system Kensim claim	
By:	Sulla!	
i II	Signature	SOL
E.	Print Name	
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# Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 31 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: 127 CALLE VICTORIANO DERDO, PRODE46 Participant's Address: Participant's Email Address: **Ang** Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: BLIC EMPLOYFE CLAIM Nature of Claim: By: Print Name Title (if Participant is not an individual) 14/2021

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#### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc Pro se Notices of Participation Page 33 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: M. Pérez Concepción Participant's Name: Box 902-0130, San Juan, Puerto Rico, 00902-0130 Participant's Address: Participant's Email Address: margie 1300 Quahoo- com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17-bK-03283 Claim Number: Unpaid salary increase and steps no to aw 88-1993, key 96-2002, Ley 164-2003, Ley 164-2004, Le Nature of Claim: Title (if Participant is not an individual)

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To United States District Court Clerk's Office, 150 Ave Carlos Chardon Ste- 150, San Juan, Ruertz Rice, 00918-1767



Luz M. Perez Concepcion

Box 902-0130, San Juan,

Kuerto Rico, 00902-0130

## Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 35 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Doris Kivera Barbosa	_
Participant's Address:	PSA #22 Can 69le Higuillas Don	ad 11
Participant's Email Address:	doristiver 2222 & quail-con	_
Name of Counsel:	NIA	_
Address of Counsel:	NA	<u></u> 2
Email Address of Counsel:	N/A	_
2. Participant's C	laim number and the nature of Participant's Claim:	
Claim Number:	135060	_
Nature of Claim:	Public Employee / Department of Educa	tion
By: Signature		
Daris Rivera	a Barbosa	300 C
Print Name		
	6)	三十二
Title (if Participant is	not an individual)	
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## Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 37 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Moria andino ayala 0/39 LL 45 Vistas de Loira Capovanas PR. 00729. Participant's Name: Participant's Address: Participant's Email Address: Kelly. fernander. and in agmail. com. Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Number: 17 BK 3283 - LTS.

of Claim: PROMESa tilula III

Maria Andria apla

Signature Claim Number: Nature of Claim: Gloria undino Hyala Title (if Participant is not an individual) Date - 13/2021

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January Chandran & P. 100918-1767 States District Court 2000 0640 0005 6920 HEBE R2305E126101-06 81600 1000

## Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 39 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Clyvayacan #465 Vistas de Rio Bande II fio Bande 9 R. Participant's Email Address: Kelly Fernander and in a genail Com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

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### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc Pro se Notices of Participation Page 41 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:			
Participant's Name:	Lillian Hernand	ez Rey	11/10
Participant's Address:	#5 Ramon 1		a, P.R.00676
Participant's Email Addres	1 1 151/1	9	,
Name of Counsel:	a <sup>1</sup> 1	J	
Address of Counsel:	7	5 C	
Email Address of Counsel:			
2. Participant's	Claim number and the nature of	f Participant's Claim:	
Claim Number:	156383		
Nature of Claim:	Ley 89 - Ron	nerazo/Law	89 Romerazo
By: Tillin He	mande Re	/	Sec.
Signature	1 Dud		SAN SER
Lillian Hern Print Name	ander Key		5 5
			1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Title (if Participant	s not an individual)		29
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Date $\cup$	= = 268		

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Lillian Hernandez Rey
Participant's Address: #5 Ramon Medina Moca, P.R. 00676
Participant's Email Address: hernandez lillian 26@ yahoo. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 155699
Nature of Claim: Ley 410 - 2000 / Law 410 - 2000
By: Fillian Hemands len
Signature
Lillian Hernandez Rey Print Name
Print Name
Title (if Participant is not an individual)
August 12, 2021
Date

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Hellian Herrands
#5 Pamin Modina
Moca, P.R. 00676

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P.R. 00918-1767









## Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 45 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Lillian Hernandez Rey
Participant's Address: # 5 Ramon Medina Maca, P.R. 00676
Participant's Email Address: hernandez lillian 26 @ yahoo. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 157502
Nature of Claim: Ley 96 202 / Law 96 2002
By: Fillian Hernands Con
Signature
Lillian Hernandez Rey
Print Name
<b>6</b>
Title (if Participant is not an individual)
Date Date

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P.R. 00918-1767













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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Nenysa Alexandrino Rosario
Participant's Address:	P.O. Boy 43002 PMB 492, Rio Grande PR 0074
Participant's Email Address:	Nentonya Ogmail. com
Name of Counsel:	NA
Address of Counsel:	NA
Email Address of Counsel:	NA
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	19105
Nature of Glaim:	Pension Retiree
By: Youpe Cle	fording Plesaire
Signature	ndina Posaño
Print Name	ndrius Cosario
Title (if Participant is	not an individual)
13/agosto Date	2021



### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc Pro se Notices of Participation Page 49 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its	counsel,
1.0	
Participant's Name: VIRGINIA HERNONDEZ ORTZ	A. PRANH
Participant's Address: Uses Joan Dono 21247 Cours Fr Beoiso.	MRADO / / COO
Participant's Email Address: english wher nandez @gmail.com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 153470	
Nature of Claim: 1 PUBLIC EMPLOYEE CLAIM	
By: Signature	2
VIRGINIA HERNANDER ORTIZ	U.S. DI
Print Name	5 2885
Title (if Participant is not an individual)	
8/14/2021	29
Date	



## Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 51 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name: Luis E. Cardona Jimonez	
Participant's Address: HC-08 Box. 84150 SAN Sebastian, PR 000	8.
Participant's Email Address: Envige 2173 la hotunil. Com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: (A50 Núm. 2011-12-1192	
Nature of Claim; Retention	
By: And Ci	
Signature Luis E. CANDONA JIMÉNETZ	C P
Print Name	
Fudiridual	9
Title (if Participant is not an individual)	
08/13/2021	
Date	

SAN Sabastian PR 00185 E. Cardona Olmoner









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## Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 53 of 119

Participant must provide all of the information below in English:

if any:
Participant's Name: Ivette M. Rossy Ruano
Participant's Address: POBEX 641 Dorado, P.R. 00646
Participant's Email Address: "Nette rossy@ yahoo com
Name of Counsel:
Address of Counsel: N/A
Email Address of Counsel: N/A
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 12 6 9 3 7
Nature of Claim:
By: Signature Leasy Luand
Ivette M. Rossy Duano
Print Name
THE CHAPTER CHAPTER TO THE TEST
Title (if Participant is not an individual)
12/ago /2021 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date

**ATTACHMENT 1** 

Mature of Claim Under the responsability of Gobernor of Puerto Rico, Carlos Romero Barceló (Law 89) during the years (1980-1984) an increas knows as the Romeraso) was granted for the amount of \$ 100.00 dollar per months, wich Idid not received until the year retirement in 2011, And even still I have not received them. Then the Law 96 of the year 2002 of the former collector Sila M. Calderón was activated, wich granted monthly increases of \$ 100.00 \_ dollars to public employees. Falso never received until the moment of My retirement and to this day. Then under to the Magisterial Law that was activated 1999, wich was a warded \$30.00 dollars permonth for Merit, and which I have not recerved until the moment (2011) to this day. Under the Law #9 salary scale (teaching career) Violated the salary scale (164)

Claim 12 6 937

Syllion Forstword

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P.J. Box 641 Događo, De

2021PM 1:

Ave Carlos Chardon

an Juan, PR 00918-1767





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# Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 56 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:  Miolanys Padriguez Howell  101 Urb. Alturas Sabaneras Sabana Grande PROO	
Participant's Address: 101 Urb. Alturas Sabaneras Sabana Grande PROO	6
Participant's Email Address: teatrorodriguez agmail. com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 128257	
Nature of Claim:  Righto claim an increase by law 94 of  Signature  Miolarys Rodríguez Howell  Print Name	
6 223 6 223 7 223	
Title (if Participant is not an individual)  August 9, 202)  Date	

Sabana Grande PR 00637

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#8530eK136304-04

150 Ave. Carlos Chardon Ste. 150

nited States District Court

Juan, P.R. 00918-1767

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## Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 58 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Miolanys Deli Rodriquez Howell
Participant's Address: 101 Urb. Alturas Sabaneras Sabana Grande PR 00637
Participant's Email Address: teatrorodrigues agmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 150 45 9
Nature of Claim: Right to claim a salary increase by law 96 of July 1, 20
By: Justing P. Roduque Howell 2000
Signature
Miolanys Deli Rodriquez Howell
Print Name
Title (if Participant is not an individual)
August 9, 2021

RECEIVED AND FILES

Miolanys Deli Rod 101 Urb. Alturas Subaneras Sabana Grande PR 00637

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States District Court, Clerk's Office \$6.45 \$6.45

Jun Juan, P.R. 00918-1767

150 Ave. Carlos Chardon Ste. 150





Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Enid J. Montalban Torres
Participant's Address: P.O. Box 2541 Payamon, PR 00960
Participant's Email Address: montal lanenid 73 agmail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 10.17 BK 3283-LTS
Nature of Claim: Pronesa Title III
By: Cul Mintachan John Signature
Enid J. Montalban Tomes
Print Name
2
Title (if Participant is not an individual)
dugust 14, 2021



### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Pro se Notices of Participation Page 62 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Angel R. Santana Concepción  Urb. Santa Ana Calle I EE-8 Vega Alta, P.R. 0069
Participant's Address: Urb. Santa Ana Calle 1 EE-8 Vega Alta, P.R. 0069
Participant's Email Address: Maria olivo 871@gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 69844 (ademas aparece 67495)
Nature of Claim: 2 1 Public Employee and Pension - Retiree Claim
By: Congell Januara
Angel R. Santana Concepción
Print Name
N/A
Title (if Participant is not an individual)
14 de agosto de 2021
Date

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Mta, P.R. 00692

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150 Ave Carlos Chardon Ste 150



### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc Pro se Notices of Participation Page 64 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:			
Participant's Name:	Ana D. H	lojica Cruz	1
Participant's Address:	P.O. BOX UZ	lójica Cruz Gurabo P.R. o	0778
Participant's Email Address:		7@gmail.com	
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:		- 1 2 <sup>2</sup> 2	
2. Participant's C	laim number and the na	ature of Participant's Claim:	
Claim Number:	118678		
Nature of Claim:	Unpaid Claims	at Public Employee	Claim of the
	Rosa Hojica	at Public Employee Government of the C P:R	emmonweatth of
Signature		Carrier of the contract of the	
Print Name			U.S. D.
Title (if Participant is	not an individual)	e .	9 FEB.
Date Prosto >	· (12   August   21)		
			1.0

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Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

Participant's Name:

Miriam DE JESUS MATTA

Participant's Address:

Miridjesus pr@gmail.com

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Pension/Retiree

By:

Miriam De Jesus MATTA

MAT

MIRIAM DE JESUS MATTA Print Name

Title (if Participant is not an individual)

AUGUST 5, 2021

Date

1.

if any:

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### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc Pro se Notices of Participation Page 68 of 119

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Mayra C. Gonzaler Vargus	17 H
Participant's Address:	Mayra C. Gonzaler Vargus PO Box 875, Yabusoa, PR 00767-	0875
Participant's Email Address:		
Name of Counsel:	no aplica	
Address of Counsel:	no aplica	
Email Address of Counsel:	no aplica	
2. Participant's (	Claim number and the nature of Participant's Claim:	
Claim Number:	S.S. 7613	
Nature of Claim:	Pension (retire	en e e e
By: Haya C S Signature	ly varger	U.S. D
Mayra C. Go Print Name	onzalez Vargas	
	; 2	REAL PROPERTY.
Title (if Participant is	not an individual)	and E
13 - agostu Date	-2021	

Mayor C. Gorzaker largas PUBOX 875 Yabucoa, Prov767-0875

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### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc Pro se Notices of Participation Page 70 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Juan R. Cruz Berrios
Participant's Address:	P.O. Box 1803 Las Piedras, P.R. 00771
Participant's Email Address:	juan. berrios 45@ yahoo. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	and the same of th
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	26318
Nature of Claim:	Salary Claim (Court of first
By: Signature	Salary Claim (Court of first instance San Juan, P.R. Civil Num K PE 2007-4359/80
Juan R. Cru Print Name	12 Bertios
	AUG SAN
Title (if Participant is	not an individual)
Quaust 12, 3	102
Date ()	26



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150 Ave. Carlos Chardon Steiso
Dan Juan, P.R. Dogis-1767



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## Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 72 of 119

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

if any:		
Participant's Name:	Kuben Gonez Santana	
Participant's Address:	1-1C-1 BOY 4200 Nagualso,	PR 00718
Participant's Email Address:	ruben 11123@hotmail.com	
Name of Counsel:	M	
Address of Counsel:	M	
Email Address of Counsel:	m	
2. Participant's Claim no Claim Number:  Nature of Claim:	umber and the nature of Participant's Clair  (80) (ultimos was no digitus a  Pensian / Retiree	V 1
By: Signature		U.S. U.S.
Rubén Gumer Santana Print Name	<u>a</u>	DISTRICT OF THE PROPERTY OF TH
Title (if Participant is not an i	individual)	FICE N. PR
13 de agosto de 2021 Date		

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CLERK'S OFFICE, 150 ANE. CARLOS CHARDON STE. 150 SAN JUAN, DR 00918-1767

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Case:17-03283-LT	S Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42	::12 Desc:
1. Participant's	Pro se Notices of Participation Page 74 of 119 contact information, including email address, and that o	f its counsel,
if any:		
Participant's Name:	Marganta Morales Morales	
'articipant's Address:	Margarita Morales Morales HEI BOX 5308 Arroyo, P.R.	00714
'articipant's Email Address	: Moralesm_m a yahoo. com	
Name of Counsel:	Loda. Alma V. Duran Nieves	
Address of Counsel:	Cond. Altagracia 5C 262 Calle U	lruguay
mail Address of Counsel:		
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	17-BK 3283-LTS	
Nature of Claim:	Promesa Title III	
By: MMH		8 - =
Signature	Morales Morales	COLUMN SAIL
Margarita	Morales Morales	क इंडिंग
Print Name		3 3 3 3 3
		2 四层形层
Title (if Participant i	s not an individual)	0,
8/13/20	121	

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date

Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 75 of 119

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Maggie Morales Hc-1 Box 5308 Arroyo, PR 00714-9719



#### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 76 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: POBOX 2082 Arecibo. P.K. 00613-2082 Participant's Address: Participant's Email Address: YosaJosea 44 egmail. Com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 17BK3283-LTSPacKID: 199893MMLID. Claim Number: Intention to participate in discovery in connection with confirmation of the Plan Nature of Claim: By: Signature Title (if Participant is not an individual)

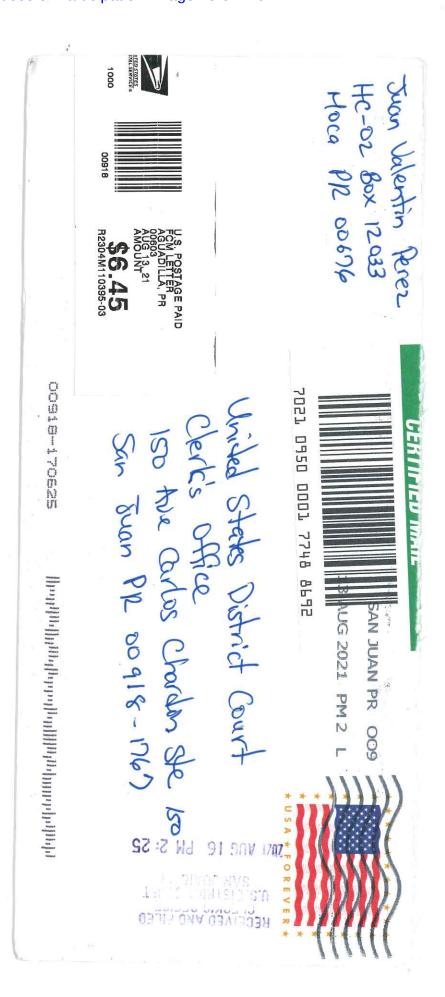
#### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Pro se Notices of Participation Page 78 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

1.



#### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Pro se Notices of Participation Page 80 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

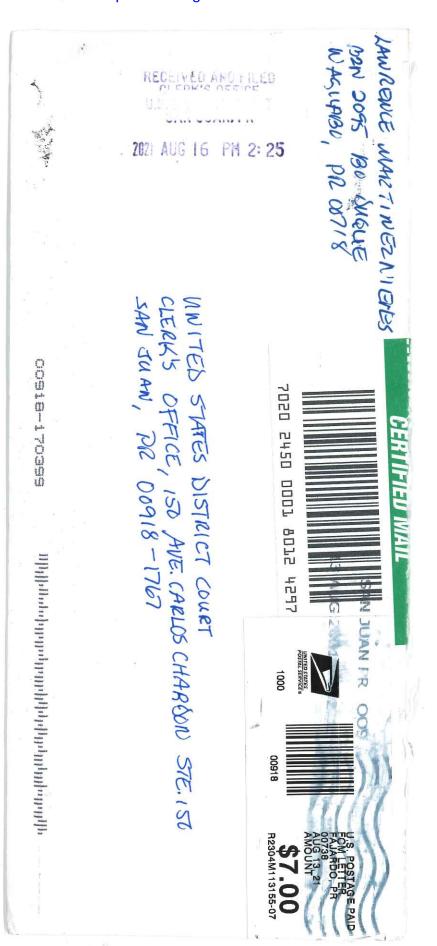
Participant's Name:	AWRENCE MARTINEZ LI	ILEVES	
Participant's Address:	Bo. Sugu Brn 209	5 Magnabo	PR 00718
Participant's Email Address:	lawmartinez 184146	agmail.com	
Name of Counsel:	-M		
Address of Counsel:	m		
Email Address of Counsel:	m		
2. Participant's Claim Claim Number:   Nature of Claim:	number and the nature of Parties  45) ultimos 4 digita  Pension / Re	os del segunosoca	ia/
By: Stewart Cuting Signature  LAWRENCE MARS	5	The same of the sa	
Print Name	TNOZ NIEVOS		SAN JU
Title (if Participant is not an	*		PH 2: 25
Date			OT.

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

N. 2. W. 5

1.

if any:



### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 82 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Minerva Roman Roman	36
Participant's Address: PO Box 1483 Dovado, Fan	J. Pico 00646
Participant's Email Address: minervaromen 1948 a gray	lo com
Name of Counsel:	76 November 1
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participa	nt's Claim:
Claim Number: 118346	EADJESTMENT
Nature of Claim: Public Amployee Claims	e to be usually acting to
By: Minewo Loren Loren	
Signature	AUG SAN
Minerva Loraso Roman	- 5 EBS
Print Name	
And the second will report the production of the Award where the second	N ASE
Title (if Participant is not an individual)	24
agosto 13, 2021	
Date	

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii airy.
Participant's Name: Karla, M. Casillas Ramos
Participant's Address: Urb. Ranion Riese Sigh) 0/19 9-4 Hayusto, A
Participant's Email Address: Kark 2004_m@ hotmail- Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 179201
Nature of Claim: Ponsion / Retiree 500
By: pala faille fone
Signature
Rayle H. Casillas Ramos Print Name
4
Title (if Participant is not an individual)
Date Date

Caguato, PR DO718 Usb. Ramore Rivore (Siple)



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COMING TYCES



united State Sistrict court clerk's o



Sun Juan, PR 00918-1769





Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:		
Participant's Name:	Byviannette Caniacho Avocho	
Participant's Address:	Usb. Pronise Land, 65 Calle Monte Jos O Nagrabo PR 00718-2851	livos,
Participant's Email Address:		
Name of Counsel:	NIA	· ·
Address of Counsel:	NIA	
Email Address of Counsel:	NM BRIGGE	
2. Participant's (	Claim number and the nature of Participant's Claim:	
Claim Number:	94630	
Nature of Claim:	Pension-Retivo	
By: Signature		U.S. DI
Byviannette Co Print Name	macho Macho	NEW STREET
Title (if Participant is	Million and the second state of the second state of the second se	REFE
12 - 090sto -2		5a 27



#### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc Pro se Notices of Participation Page 88 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	ا ما ا		
Participant's Name:	have Edee Am	Oyo Cyc	· 1711
Participant's Address:	Urs & Caspirokator	Calle 11 50-1 Tray	16 AHO AL 008
Participant's Email Address:	julezatropo 8	nail.com	· · · · · · · · · · · · · · · · · · ·
Name of Counsel:		· 	
Address of Counsel:	<u> </u>		1 -
Email Address of Counsel:			
2. Participant's 0	Claim number and the nature	of Participant's Claim:	
Claim Number:	אוורנ	in Natio	
Nature of Glaim:	Penoros Refin	æ Claims	HC <sup>4</sup>
By:	0		
Signature			
	elez Amoyo		SEE SEE
Print Name			6 2 E
Title (if Participant is	not an individual)		2 BER
august 13	, 2011		23
Date			

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### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 90 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name: Bethz Aid A Rojas DONZ	Alez
Participant's Address: Dilas El Diamantino C-	30 Cardin
Participant's Email Address: Vajas. bethzy agnail Com	P.R.009
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	-
2. Participant's Claim number and the nature of Participant's Claim:  Claim Number: NOBK 3283 - L+5	
Nature of Claim: Salacio	-
By: Bethraida Rojas Donzalez	U.S. DISTRIC SAN JUJ 2021 AUG 16
Print Name	平 三二流
	N PERE
Title (if Participant is not an individual)	23
9 Orgocto 2051	

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BETHZAIDA ROJAS GONZALEZ C-32 VILLAS EL DIAMANTINO CAROLINA, PR 00987-6945

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United States District Court, Cleck's Office 150 Ave. Carlos Chardón Ste. 150 San Juan, P.R. 00918-1767





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Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc:

Pro se Notices of Participation Page 92 of 119

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

Participant's Name:

Participant's Address:

Participant's Email Address:

Participant's Com

Name of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

167 266

Nature of Claim: Union Grie Vance, Public Employee and Pension Retiree Claims

By: Paguel Contes Morales

Signature

Requel Cortes Morales

Print Name

Special Education Student Assistan (Employee Retired)

Title (if Participant is not an individual)

August 12, 2021

Date

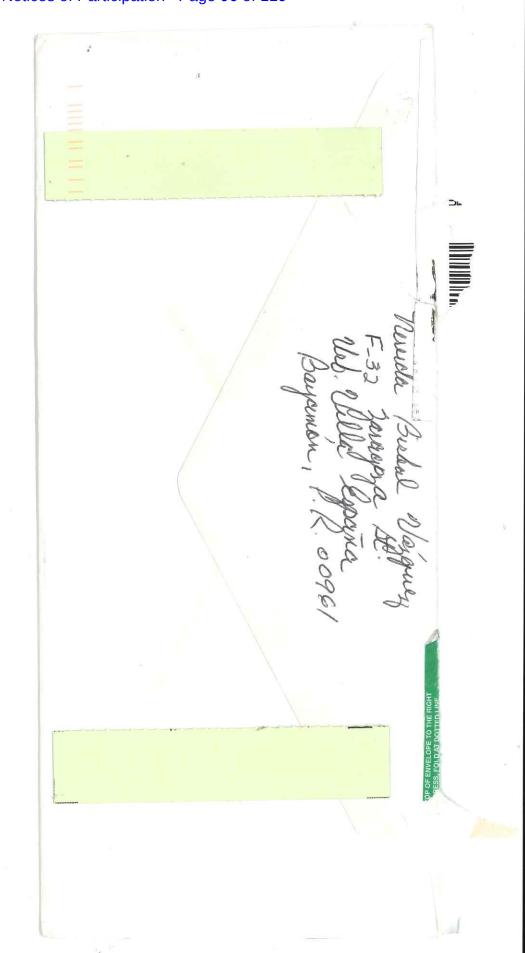


### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 94 of 119

Participant must provide all of the information below in English:

1. Participant's of if any:	contact information, including email address, and that of its	coun	sel,	
Participant's Name:	Nereida Bisbal Vazquez			
Participant's Address:	F. 32 ZARAGOZA ST. I URb. VIIIa España BAYAMÓN.	P.R.	00961	
Participant's Email Address:	NERY 961@ grail. COM		0/6/	
Name of Counsel:	I don't have Course		Pellentini	
Address of Counsel:			_	
Email Address of Counsel:	- Approximate		_	
2. Participant's C	laim number and the nature of Participant's Claim:		_	
Claim Number:	174739			
Nature of Claim:  By: <u>Vereida Broo</u> Signature	Global Objetion regarding to request for Money Not paid Con Monweath	he by	- Puento	Ria
NEREIDA BIS	stal Vazquez	TOTAL ALLS	U.S. DIS SAN	
Title (if Participant is		Ch		
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Date 13	2021	2: 22	in the	





### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Pro se Notices of Participation Page 97 of 119

Participant must provide all of the information below in English:

1. Participant's if any:	contact information, including email address, and that of its counsel,
Participant's Name:	Juan Carracho Pacheco
Participant's Address:	Urb framisa dand LC C-II I I I
Participant's Email Address:	Nagrabo PR 00718-2851 Kajuannia quahoo. com
Name of Counsel:	NIA
Address of Counsel:	NIA
Email Address of Counsel:	NIA
2. Participant's C.	laim number and the nature of Participant's Claim:
Claim Number:	104859
Nature of Claim:	Pension-Retiro
By:	
Signature	
Duan Carrache Print Name	Pacheco
1 IIII Ivame	
This was	
Title (if Participant is no	t an individual)
12-000sto-2	PH 2
Instructions for Filing Notice of must be filed electronically with of Intent to Participate in Discov Commonwealth of Progress P	the Court on the docket using the CM/ECF docket event Notice ery for Commonwealth Plan Confirmation, in <i>In re</i>
in of 1 uerio Rico, (	ase No. 17 BK 3283 LTS 41

Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

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NABRONDO P.R. OBIE - 2851



73:55 91 918-18-1767 San Juan, P.R 00918-1767 OFFICE, ISO AUE. Carlos Chardon Ste, 150 UNITED States District COURT, Cleris

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### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 99 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:	
Participant's Name:	Maritza Velez Rivera
Participant's Address:	P.O. Box 1114, Luguillo, P.R. 00773-1114
Participant's Email Address:	mmvelez 0904@hotmail.com
Name of Counsel:	, · · · ·
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Cl	aim number and the nature of Participant's Claim:
Claim Number:	17-03283- LTS
Nature of Claim:  By: Signature	Unpaid salary according to Law 96-2001  Department of Education  10.
Maritza Vele Print Name	5 <u>- 200</u>
Title (if Participant is r	not an individual)



#### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc Pro se Notices of Participation Page 101 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel.

1.

MARIO Gienbolini Rodriguez Participant's Name: Villa 148 Said - calle-2-5- coamo, 1.1.00768 Participant's Address: Participant's Email Address: Maliosientolini @ 3 mail. com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: retitement sustem Benefits Nature of Claim: MANIO Greats lini to driever Title (if Participant is not an individual) 08/13/2021 Date

#### ESTADO LIBRE ASOCIADO DE PUERTO RICO TRIBUNAL DE PRIMERA INSTANCIA SALA SUPERIOR DE SAN JUAN

ALBERTO AGRON VALENTIN ASTRID N. AGOSTO FERNANDEZ LILLIAM ALMEYDA IBAEZ LYDIA E. ALBERTORIO RICARDO ALONSO FORTIER JOSE H. ANTUNEZ QUILES IRIS N. ARROYO MONJICA PEDRO ALVES PIEIRO NILDA I. BARRETO HERNANDEZ MELVIN E. BERRIOS DAVID **EDWIN BORRERO ALAMO** JULIA I. BUENO RAFAEL E. BOU PADILLA KENNETH BURGOS CORA NORMA M. CANCEL AYALA **DHALIA N. CANCEL NIEVES ELVIN CASIANO BELLO** JESUS R. COLLAZO CLAS MILAGROS COLON PEREZ JOSE A. CARABALLO PADILLA SONIA CARABALLO DELGADO NEVADA E. CARRION DIAZ ISMAEL CASTRO NEGRON JULIO CINTRON ESPINELL JAVIER CLAUDIO VELEZ LESLIE CORTES SANCHEZ JORGE IVAN CORA RIVERA CELEDONIO CRESPO SEPULVEDA JUAN R. CRUZ BERRIOS NYDIA CRUZ MONTES HECTOR CRUZ VELAZQUEZ FELIX A. DIAZ BURGOS EDNA L. DIAZ DIAZ AUREA ENCARNACION RIVERA FELIX A. FALCON RIVERA RAYMOND FERGELEC CINTRON ELIA J. FIGUEROA CARRILLO MAXIMINO FIGUEROA RIVERA MARIA DE LOS ANGELES FONTANEZ COSME JOSE I. FONTANEZ ORTIZ SONIA FUSTER GONZALEZ RUBEN GARCIA ACEVEDO JORGE L. GARCIA RIVERA GERARDO GARCIA VARELA RAFAEL GAZTAMBIDE VAZQUEZ MARIO GIERBOLINI RODRIGUEZ JOSE A. GOMEZ RIVERA MARIO GONZALEZ GONZALEZ ANDERSON GONZALEZ CONTRERAS BRENDA L. GONZALEZ DIAZ **ROBERTO GONZALEZ** JOSE D. GONZALEZ RAMOS DAMARIS GONZALEZ SANTIAGO LUIS 0. GONZALEZ SANTIAGO MIRIAM GONZALEZ SANTIAGO

SANDRA GREGORY RIVERA

CIVIL NÚM.: K PE2007-4359 (803)

#### SOBRE:

RECLAMACIÓN DE SALARIOS, AUMENTO POR MÉRITO APROBADO POR LA JUNTA DE DIRECTORES PARA LOS AÑOS 2005, 2006, 2007, 2008, 2009 Y 2010; DÍA POR PROCLAMA A TIPO DOBLE Y SIN CARGO LICENCIA ALGUNA, Y RECLAMACIÓN DE HORAS EXTRAS. Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Pro se Notices of Participation Page 103 of 119 2012

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#### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 104 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Arnaldo Vazquez F	livera
Participant's Address: HC 73 Box 4737 Nava	njib, D. R. 00719-940
Participant's Email Address: QV92que29266@gma	il.com
Name of Counsel:	Adminuscov
Address of Counsel:	X
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's	s Claim:
Claim Number: 175078	alifability.
Nature of Claim: Empleado Puerto Rico	Telephone Company
By: Old Va	3 8 8
Signature	6 ASSE
Arnaldo Vazgnez Kistra	0 329
Print Name	3 323
	22 27 2
Title (if Participant is not an individual)	-
august-12-2021	almailia de 1949. In Diddon' overesi l'es
Date	4

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San Juan, P.R. 00918-1767 150 Ave.

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#### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc Pro se Notices of Participation Page 106 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	José M. Padilla Beltran
Participant's Address:	HC 73 Box 4414 Navanjito. D.R. 00719
Participant's Email Address:	padilla 167 @gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	No. 17 BK 3283- LTS
Nature of Claim:	Promesa Title III
By: Signature	
José M. Padill	la Bettran
Print Name	
Title (if Participant is	not an individual)
13 agosto 12 Date	021

Varanjito, P.R. 00719 TOOD 05FO LSO7 P. R. 00918-1767 **56**h 00918

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

ii any.	. P
Participant's Name:	Aida I. Reyes Santiago
Participant's Address:	BR-06 BOX 7281 Toa Alta P.R. 00953
Participant's Email Address:	aidareyes. stgo @gmail.com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Cl	laim number and the nature of Participant's Claim:
Claim Number:	NO. 17 BK 3283- LTS
Nature of Claim:	Promesa Title III
By: Oide Sin R	<del>ja</del>
Signature /	
Aidal Reyes S	Santiago
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Title (if Participant is n	not an individual)
13 de agosto d	e 2021

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#### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Pro se Notices of Participation Page 110 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 17-BK-3283-LTS Claim Number: Nature of Claim: By: Title (if Participant is not an individual) Date

Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Pro se Notices of Participation Page 111 of 119 Manuel Kivera Beltran privanquitas, P.K 00794 98H XOB 22221-01222 United State District Court, Clerck Off. 150 Ave. Carlos Chardon Ste. 150 San Juan, PR 00918-1767 7018 0360 0002 1749 2107 00918

### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 112 of 119

Participant must provide all of the information below in English:

1. Participant's if any:	contact information, including email address, and that of i	ts counsel,
Participant's Name:	Nixa E. Hidolgo Figueroa	
Participant's Address:	Nixa E. Hido-go Figueroa Terrazas De cupey St. 6 B-39 Trujillo Alto, P.R 0097	6
Participant's Email Address:	nixa hidalgo@gmail, com	
Name of Counsel:	America Company	
Address of Counsel:		9
Email Address of Counsel:	Tarana s	
Claim Number:  Nature of Claim: 90%	Claim number and the nature of Participant's Claim:  17 BK 3283-LT5  The employees Retirement system of  Serment of Commowealth of Puerto Rico	The The
Signature  Nixa E. Hidalg  Print Name	30 Tigueros	
Title (if Participant is a August 13). Date	not an individual)	

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K's Office Ave. Carlos Chardon

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### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 114 of 119

Participant must provide all of the information below in English:

1. Participar	it's contact information	tion, includin	g email addre	ess, and that	of its co	unsel,
if any:		1				
Participant's Name:	MIRIA	M LO	PEZ (	DRIE	SA	
Participant's Address:	39 CALL	BRISAS E DR		MA I		ZPA
Participant's Email Addr	ess: Luaurl	LO PE		173		
Name of Counsel:	219990	1369 @	Jyano	xo. Con		
Address of Counsel:	NA					
Email Address of Counse		NA	.v		7BK	3283
2. Participan	t's Claim number a	nd the nature	of Participar	nt's Claim:(1	7BK	03566
Claim Number:	1	996	6		177	
Nature of Claim:	PENSID	NIRI	ETIRE	E	X	
By: Murian Signature	dope Z-	Orteg	Q.			
Miria 4 1	202	+ 00				
Print Name	per- or	rega				
					30m	Socie
Title (if Participar	nt is not an individu	al)			5	AN JUNE
<u>Augur</u> Date	t 9th 2	021			PH 2:	SOUTH COUNTY
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### Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 116 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: IVELISSE COLON DE JESUS Participant's Address: #270 CAMPO ALEGRE, AGUADILLA, P.R. 00603 icolon1984@gmail.com Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 17 BK 3283-LTS Nature of Claim: PROMESA Title III Signature Ivelisse Colón de Jesús Print Name Payroll Officer(employee) Title (if Participant is not an individual)

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

13 de agosto de 2021

Date



## Case:17-03283-LTS Doc#:17875-1 Filed:08/17/21 Entered:08/17/21 16:42:12 Desc: Pro se Notices of Participation Page 118 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Ratach Chuntana Liqueroai
Participant's Name:  Participant's Address: Calle hamon R. velez 44- Plala - Ponce
Participant's Email Address: quinty taxy og mail. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK 3283~4+5.
Nature of Claim: +: ++ + 111 - God de P. R.  By: Rafael Guintana Tiguerra:
Signature Rafael Quintana Figueroa: tel: 787:673:3236.
Print Name
Title (if Participant is not an individual)
12-Agosto. 2021:
Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice
must be filed electronically with the Court on the docket using the CM/ECF docket event Notice

